

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

AMBULATORY SURGERY CENTER OF SPARTANBURG

720 N PINE ST
SPARTANBURG, SC 29303-3127 FACILITY #:864-504-3555
PANKEY, MICHAEL E PH#: 864-560-5800
Facility Email: MPANKEY@SRHS.COM
Fac. Cont. Email: MPANKEY@ASCSPARTANBURG.COM

ASF-0064 / 04/30/2015
Spartanburg / Limited Liability
720 N PINE ST
SPARTANBURG, SC 29303-3127
AMBULATORY SURGERY CENTER OF SPARTANBURG LLC

Operating Rooms: 7
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 9

Certified For:**AMBULATORY SURGICAL CENTER OF AIKEN**

4211 TROLLEY LINE RD
AIKEN, SC 29801-2749 FACILITY #:803-648-2840
HINER, ERIC A PH#: 803-648-2840
Facility Email: ERIC@AIKENSURGERY.COM
Fac. Cont. Email: ERIC@AIKENSURGERY.COM

ASF-0096 / 11/30/2014
Aiken / Limited Liability
4211 TROLLEY LINE RD
AIKEN, SC 29801-2749
AMBULATORY SURGICAL CENTER OF AIKEN LLC

Operating Rooms: 4
Endoscopy Rooms: 1
Procedure Rooms: 1
Total Number Units: 6

Certified For:**ANMED HEALTH MEDICUS SURGERY CENTER**

107 PROFESSIONAL CT
ANDERSON, SC 29621-2052 FACILITY #:864-716-7900
KAY, ANGELA R PH#: 864-716-7900
Facility Email: ANGIEKAY@MEDICUS1.COM
Fac. Cont. Email: ANGIEKAY@MEDICUS1.COM

ASF-0100 / 04/30/2015
Anderson / Limited Liability
PO BOX 1886
ANDERSON, SC 29622-1886
ANMED HEALTH MEDICUS SURGERY CENTER LLC

Operating Rooms: 3
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 5

Certified For:

Ambulatory Surgical Facilities

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BAY MICROSURGICAL UNIT

1200 HIGHMARKET ST
GEORGETOWN, SC 29440-3227 FACILITY #:843-546-8421
SPRING, JANET R PH#: 843-546-8421
Facility Email: JSPRING@COASTALEYEGROUP.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0090 / 11/30/2014
Georgetown / Corporation
PO BOX 2900
GEORGETOWN, SC 29442-2900
BAY MICROSURGICAL UNIT INC

Operating Rooms: 1
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 1

Certified For:

BEARWOOD AMBULATORY SURGERY CENTER

3031 N HWY 81
ANDERSON, SC 29621-3621 FACILITY #:864-226-7371
HOLDREDGE, SUSAN S PH#: 864-226-7371
Facility Email: No Facility Email on Record
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0021 / 12/31/2014
Anderson / Partnership
3031 N HWY 81
ANDERSON, SC 29621-3621
BEARWOOD AMBULATORY SURGERY CENTER PA

Operating Rooms: 1
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 1

Certified For:

BERKELEY ENDOSCOPY CENTER

1072 WILDWOOD CENTRE DR
COLUMBIA, SC 29229-8420 FACILITY #:803-788-1120
CHOCKALINGAM, SIVA K PH#: 803-788-1120
Facility Email: No Facility Email on Record
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0104 / 01/31/2015
Richland / Ltd. Liability
1072 WILDWOOD CENTRE DR
COLUMBIA, SC 29229-8420
BERKELEY ENDOSCOPY CENTER LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

Ambulatory Surgical Facilities

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BLUE RIDGE SURGERY CENTER

10630 CLEMSON BLVD STE 200

SENECA, SC 29678-4545 FACILITY #:864-482-5100

AUGUSTINE RN, MARY H PH#: 864-482-5100

Facility Email: L&C@AMSURG.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0068 / 09/30/2014

Oconee / Ltd. Liability

PO BOX 4229

PORTLAND, OR 97208-4229

BLUE RIDGE-CLEMSON ORTHOPAEDIC ASC LLC

Certified For:

BLUFFTON OKATIE SURGERY CENTER

40 OKATIE CENTER BLVD S STE 100

OKATIE, SC 29909-7510 FACILITY #:843-705-8804

MAHONEY, TERRI-MARIE PH#: 843-705-8804

Facility Email: TERRI.MAHONEY@TENETHEALTH.COM

Fac. Cont. Email: TERRI.MAHONEY@TENETHEALTH.COM

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 4

ASF-0075 / 10/31/2014

Beaufort / Limited Liability

1445 ROSS AVE STE 1400

DALLAS, TX 75202-2703

BLUFFTON OKATIE SURGERY CENTER LLC

Certified For:

BON SECOURS ST FRANCIS SURGERY CENTER

209 PATEWOOD DR STE 300

GREENVILLE, SC 29615-3592 FACILITY #:864-254-5850

BROOKS, KELLI J PH#: 864-254-5850

Facility Email: ABROWN@SYMBION.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0067 / 09/30/2014

Greenville / Corporation

209 PATEWOOD DR STE 300

GREENVILLE, SC 29615-3592

ST FRANCIS HOSPITAL INC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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CAROLINA AMBULATORY SURGERY CENTER

110 PEPPER HILL WAY
AIKEN, SC 29801-2818 FACILITY #:803-642-6060
HUTTO, CHRISTY K PH#: 803-642-6060
Facility Email: CKHUTTORN@HOTMAIL.COM
Fac. Cont. Email: DKROK@MAC.COM

ASF-0101 / 05/31/2015
Aiken / Corporation
110 PEPPER HILL WAY
AIKEN, SC 29801-2818
CASC ACQUISITION INC

Operating Rooms: 1
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 2

Certified For:

CAROLINA BONE AND JOINT SURGERY CENTER

101 SURGEONS DR
MYRTLE BEACH, SC 29579-5198 FACILITY #:843-236-6633
SKIPPER, PAMELA W PH#: 843-236-6633
Facility Email: PAM@SCCOAST.NET
Fac. Cont. Email: GKAPSHUC@SCCOAST.NET

ASF-0077 / 11/30/2014
Horry / Ltd. Liability
101 SURGEONS DR
MYRTLE BEACH, SC 29579-5198
CAROLINA BONE AND JOINT SURGERY CENTER LLC

Operating Rooms: 3
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 4

Certified For:

CAROLINA SURGICAL CENTER

198 S HERLONG AVE
ROCK HILL, SC 29732-1156 FACILITY #:803-327-4664
WILLIS, LORI R PH#: 803-327-4664
Facility Email: LORI.WILLIS@TENETHEALTH.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0028 / 02/28/2015
York / Limited Liability Limited Partnership
PO BOX 3212
ROCK HILL, SC 29732-5212
ROCK HILL SURGERY CENTER LP

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 4

Certified For:

Ambulatory Surgical Facilities

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CENTER FOR ORTHOPAEDIC SURGERY

118 PROFESSIONAL PARK DR
ROCK HILL, SC 29732-1178 FACILITY #:803-329-3134
ELKINS, MARY F PH#: 803-329-3134
Facility Email: MELKINS@C-OSA.COM
Fac. Cont. Email: MELKINS@C-OSA.COM

ASF-0105 / 05/31/2015
York / Ltd. Liability
PO BOX 37655
ROCK HILL, SC 29732-0528
CENTER FOR ORTHOPAEDIC SURGERY LLC

Operating Rooms: 3
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 5

Certified For:

CHARLESTON ENDOSCOPY CENTER

1962 CHARLIE HALL BLVD
CHARLESTON, SC 29414-5837 FACILITY #:843-722-8000
PUNTENEY, WANDA M PH#: 843-722-8000
Facility Email: KIM.OWEN@CHARLESTONGI.COM
Fac. Cont. Email: STEPHANIE.ANDREWS@CHARLESTONGI.COM

ASF-0079 / 01/31/2015
Charleston / Limited Liability
1962 CHARLIE HALL BLVD
CHARLESTON, SC 29414-5837
CHARLESTON ENDOSCOPY CENTER LLC

Operating Rooms: 0
Endoscopy Rooms: 4
Procedure Rooms: 0
Total Number Units: 4

Certified For:

CHARLESTON SURGERY CENTER

2690 LAKE PARK DR
NORTH CHARLESTON, SC 29406-9108 FACILITY #:843-764-0992
MEDLEY, HELENE PH#: 843-764-0992
Facility Email: HELENE.MEDLEY@SCASURGERY.COM
Fac. Cont. Email: ROSINA.FEAGIN@HEALTHSOUTH.COM

ASF-0011 / 03/31/2015
Charleston / Limited Liability Limited Partnership
2690 LAKE PARK DR
NORTH CHARLESTON, SC 29406-9108
CHARLESTON SURGERY CENTER LP

Operating Rooms: 4
Endoscopy Rooms: 1
Procedure Rooms: 1
Total Number Units: 6

Certified For:

Ambulatory Surgical Facilities

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COLLETON AMBULATORY SURGERY CENTER

304 MEDICAL PARK DR
WALTERBORO, SC 29488-5743 FACILITY #:843-782-2700
BYNUM, WILLIAM S PH#: 843-782-2700
Facility Email: WILLIAM.BYNUM@HCAHEALTHCARE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0035 / 06/30/2014
Colleton / Ltd. Liability
304 MEDICAL PARK DR
WALTERBORO, SC 29488-5743
COLLETON AMBULATORY CARE LLC

Operating Rooms: 2
Endoscopy Rooms: 1
Procedure Rooms: 0
Total Number Units: 3

Certified For:**COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS**

1439 STUART ENGALS BLVD UNIT 100
MOUNT PLEASANT, SC 29464-3686 FACILITY #:843-853-7730
PALMER, WENDY PH#: 843-789-0099
Facility Email: RBRUSTINMD@YAHOO.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0116 / 10/31/2014
Charleston / Limited Liability
1439 STUART ENGALS BLVD UNIT 100
MOUNT PLEASANT, SC 29464-3686
COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:**COLUMBIA EYE SURGERY CENTER**

1920 PICKENS ST
COLUMBIA, SC 29201-2632 FACILITY #:803-254-7732
WATERS, LISA C PH#: 803-254-7732
Facility Email: 1WATERS@COLUMBIAEYECLINIC.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0018 / 07/31/2014
Richland / Corporation
1920 PICKENS ST
COLUMBIA, SC 29201-2632
COLUMBIA EYE SURGERY CENTER INC

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 6

Certified For:

Ambulatory Surgical Facilities

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COLUMBIA GASTROINTESTINAL ENDOSCOPY CENTER

2739 LAUREL ST STE 1B
COLUMBIA, SC 29204-2028 FACILITY #:803-254-9588
SEASE RN, CINDY G PH#: 803-254-9588
Facility Email: L&C@AMSURG.COM
Fac. Cont. Email: CSEASE@COLUMBIAGI.COM

ASF-0032 / 09/30/2014
Richland / Ltd. Liability
20 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215-6176
COLUMBIA ASC LLC

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

Certified For:

ELMS ENDOSCOPY CENTER

2671 ELMS PLANTATION BLVD
NORTH CHARLESTON, SC 29406-9165 FACILITY #:843-735-7651
WAGNER, TONYA K PH#: 843-735-7651
Facility Email: L&C@AMSURG.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0098 / 03/31/2015
Charleston / Ltd. Liability
20 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215-6176
ELMS ENDOSCOPY CENTER LLC

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

Certified For:

ENDOSCOPY CENTER OF THE UPSTATE

14 HAWTHORNE PARK CT
GREENVILLE, SC 29615-3194 FACILITY #:864-331-0364
BAILEY, DEBORAH J PH#: 864-331-0364
Facility Email: No Facility Email on Record
Fac. Cont. Email: DBAILEY@UPSTATEENDOSCOPY.COM

ASF-0086 / 07/31/2014
Greenville / Ltd. Liability
20 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215-6176
GREENVILLE ASC LLC

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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FLORENCE SURGERY AND LASER CENTER

400 N CASHUA DR

FLORENCE, SC 29501-2098 FACILITY #:843-664-9398

GRANTHAM, EMILY G PH#: 843-664-9398

Facility Email: LORIB@CCFS2020.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0070 / 03/31/2015

Florence / Ltd. Liability

400 N CASHUA DR

FLORENCE, SC 29501-2098

FLORENCE SURGERY AND LASER CENTER LLC

Certified For:

GEORGETOWN ENDOSCOPY CENTER

2361 N FRASER ST

GEORGETOWN, SC 29440-6410 FACILITY #:843-436-1000

PH#:

Facility Email: DOWENS@GEORGETOWNHOSPITALSYSTEM.ORG

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 1

Procedure Rooms: 0

Total Number Units: 1

ASF-0106 / 08/31/2014

Georgetown / Non-Profit Corporation

2361 N FRASER ST

GEORGETOWN, SC 29440-6410

GEORGETOWN MEMORIAL HOSPITAL

Certified For:

GHS CROSS CREEK SURGERY CENTER

9 DOCTORS DR, CROSS CREEK MEDICAL PLAZA

GREENVILLE, SC 29605-4266 FACILITY #:864-455-8400

JOHNSON, PAUL PH#: 864-455-8400

Facility Email: PSAWICKIE@GHS.ORG

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0019 / 02/28/2015

Greenville / District

300 E MCBEE AVE STE 200

GREENVILLE, SC 29601-2898

GREENVILLE HEALTH SYSTEM

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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GHS PATEWOOD OUTPATIENT SURGERY CENTER

200 PATEWOOD DR
GREENVILLE, SC 29615-3593 FACILITY #:864-454-2600
HAINES, BEVERLY PH#: 864-454-2600
Facility Email: PSAWICKI@GHS.ORG
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0040 / 05/31/2015
Greenville / District
300 E MCBEE AVE STE 200
GREENVILLE, SC 29601-2898
GREENVILLE HEALTH SYSTEM

Operating Rooms: 6

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 8

Certified For:

GRANDE DUNES SURGERY CENTER

1021 MEDICAL CIR STE 100
MYRTLE BEACH, SC 29572-4618 FACILITY #:843-449-7885
DANIELS, WILLIAMS M PH#: 843-449-7885
Facility Email: WILLIAM.DANIELS@HCAHEALTHCARE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0069 / 01/31/2015
Horry / Ltd. Liability
1021 MEDICAL CIR STE 100
MYRTLE BEACH, SC 29572-4618
CAROLINA REGIONAL SURGERY CENTER LTD

Operating Rooms: 3

Endoscopy Rooms: 1

Procedure Rooms: 1

Total Number Units: 5

Certified For:

GREENVILLE ENDOSCOPY CENTER

317 SAINT FRANCIS DR STE 150
GREENVILLE, SC 29601-3914 FACILITY #:864-232-7338
SWOYER, REBECCA K PH#: 864-232-7338
Facility Email: RSWAYER@GASTROASSOCIATES.COM
Fac. Cont. Email: RSWOYS@AOL.COM

ASF-0027 / 02/28/2015
Greenville / Corporation
PO BOX 8555
GREENVILLE, SC 29604-8555
GREENVILLE ENDOSCOPY CENTER INC

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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GREENVILLE ENDOSCOPY CENTER AT PATEWOOD

200 PATEWOOD DR STE B 100

GREENVILLE, SC 29615 FACILITY #:864-232-7338

SWOYER, REBECCA K PH#: 864-232-7338

Facility Email: RSWOYER@GASTROASSOCIATES.COM

Fac. Cont. Email: RSWOYER@GASTROASSOCIATES.COM

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0108 / 08/31/2014

Greenville / Corporation

PO BOX 8555

GREENVILLE, SC 29604-8555

GREENVILLE ENDOSCOPY CENTER INC

Certified For:

GREENVILLE SURGERY CENTER

5 MEMORIAL MEDICAL CT

GREENVILLE, SC 29605-4449 FACILITY #:864-272-3409

STILLS, DENISE PH#: 864-272-3409

Facility Email: DSTILLS@ASCOA.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0017 / 06/30/2014

Greenville / Limited Liability Limited Partnership

5 MEMORIAL MEDICAL CT

GREENVILLE, SC 29605-4449

GREENVILLE SURGERY CENTER LP

Certified For:

GREENWOOD ENDOSCOPY CENTER

103 LINER DR

GREENWOOD, SC 29646-2311 FACILITY #:864-227-3838

RAMAGE III, ALBERT A PH#: 864-227-3838

Facility Email: TINA.PONDER@GMAIL.COM

Fac. Cont. Email: TINAPONDER@GMAIL.COM

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

ASF-0022 / 05/31/2015

Greenwood / Corporation

103 LINER DR

GREENWOOD, SC 29649-2311

GREENWOOD ENDOSCOPY CENTER INC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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JERVEY EYE CENTER

1 DOCTORS DR
GREENVILLE, SC 29605-4266 FACILITY #:864-250-6487
FARMER, LISA L PH#: 864-250-6487
Facility Email: 1FARMER@JERVEY.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0038 / 02/28/2015
Greenville / Limited Liability
1 DOCTORS DR
GREENVILLE, SC 29605-4266
JERVEY EYE CENTER LLC

Operating Rooms: 3
Endoscopy Rooms: 0
Procedure Rooms: 3
Total Number Units: 6

Certified For:

LAKE MURRAY ENDOSCOPY CENTER

100 PALMETTO HEALTH PKWY STE 100
COLUMBIA, SC 29212-1748 FACILITY #:803-407-6767
SEASE RN, CINDY G PH#: 803-407-6767
Facility Email: No Facility Email on Record
Fac. Cont. Email: CSEASE@COLUMBIAGI.COM

ASF-0076 / 10/31/2014
Lexington / Ltd. Liability
20 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215-6176
COLUMBIA ASC NORTHWEST LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

LASER AND SKIN SURGERY CENTER

15 HOSPITAL CENTER BLVD STE 2
HILTON HEAD ISLAND, SC 29926-2760 FACILITY #:843-689-9200
BUNDY, ALBERT THOMAS PH#: 843-689-9200
Facility Email: HHDERM@ME.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0059 / 09/30/2014
Beaufort / Ltd. Liability
15 HOSPITAL CENTER BLVD STE 2
HILTON HEAD ISLAND, SC 29926-2760
DERMATOLOGY SURGERY CENTER LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 2

Certified For:

Ambulatory Surgical Facilities

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LOWCOUNTRY AMBULATORY CENTER

1844 WALLACE SCHOOL RD
CHARLESTON, SC 29407-4822 FACILITY #:843-556-2545
MAY, FARAH PH#:

Facility Email: FARAHMAY.LAC@GMAIL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 3

ASF-0118 / 02/28/2015

Charleston / Limited Liability

641 SAINT ANDREWS BLVD

CHARLESTON, SC 29407-7165

LOWCOUNTRY AMBULATORY CENTER LLC

Certified For:

LOWCOUNTRY OUTPATIENT SURGERY CENTER

93 SPRINGVIEW LN UNIT A
SUMMERVILLE, SC 29485-8154 FACILITY #:843-285-6065
MCQUISTON, JOYCE A PH#: 843-285-6065

Facility Email: No Facility Email on Record

Fac. Cont. Email: JOYCE.MCQUISTON@LOWCOUNTRYORTHO.COM

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 5

ASF-0089 / 08/31/2014

Dorchester / Limited Liability

93 SPRINGVIEW LN UNIT A

SUMMERVILLE, SC 29485-8154

LOWCOUNTRY OUTPATIENT SURGERY CENTER LLC

Certified For:

MCLEOD AMBULATORY SURGERY CENTER

604 E CHEVES ST
FLORENCE, SC 29506-2627 FACILITY #:843-777-6451
SEGARS RN, MARIE G PH#: 843-777-6451

Facility Email: BALLEEN@MCLEODHEALTH.ORG

Fac. Cont. Email: BALLEEN@MCLEODHEALTH.ORG

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0080 / 09/30/2014

Florence / Non-Profit Corporation

604 E CHEVES ST

FLORENCE, SC 29506-2627

MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

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Licensee

MIDLANDS ENDOSCOPY CENTER

1 WELLNESS BLVD STE 111

IRMO, SC 29063-2873 FACILITY #:803-749-3770

KUDCHADKAR MD, ANIL PH#: 803-749-3770

Facility Email: BALBMINH@AOL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

ASF-0093 / 02/28/2015

Lexington / Ltd. Liability

PO BOX 94

COLUMBIA, SC 29202-0094

MIDLANDS ENDOSCOPY CENTER LLC

Certified For:

MIDLANDS ORTHOPAEDICS SURGERY CENTER

1930 BLANDING ST

COLUMBIA, SC 29201-3520 FACILITY #:803-461-4740

EASLEY, KELLY PH#:

Facility Email: BELINDAR@MIDLANDSORTHO.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 5

ASF-0102 / 07/31/2014

Richland / Ltd. Liability

1930 BLANDING ST

COLUMBIA, SC 29201-3520

MIDLANDS ORTHOPAEDIC SURGERY CENTER LLC

Certified For:

MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER

104 SALUDA POINTE DR

LEXINGTON, SC 29072 FACILITY #:803-227-8083

MERRITT RN, STACI H PH#: 803-227-8083

Facility Email: STACI.MERRITT@MOORECLINIC.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 5

ASF-0109 / 12/31/2014

Lexington / Ltd. Liability

104 SALUDA POINTE DR

LEXINGTON, SC 29072

MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

OUTPATIENT SURGERY CENTER OF HILTON HEAD

190 PEMBROKE DR

HILTON HEAD ISLAND, SC 29926-2389 FACILITY #:843-682-5050

LUBA, SCOTT A PH#: 843-682-5050

Facility Email: SLUBA@HHISURGERY.COM

Fac. Cont. Email: No Facility Contact Email on Record

ASF-0092 / 01/31/2015

Beaufort / Ltd. Liability

190 PEMBROKE DR

HILTON HEAD ISLAND, SC 29926-2389

OUTPATIENT SURGERY CENTER OF HILTON HEAD LLC

Operating Rooms: 3

Endoscopy Rooms: 2

Procedure Rooms: 2

Total Number Units: 7

Certified For:

OUTPATIENT SURGERY CENTER OF LEXINGTON MEDICAL CENTER IN IRMO

7035 SAINT ANDREWS RD

COLUMBIA, SC 29212-1175 FACILITY #:803-749-0924

SIPE, ROGER L PH#: 803-749-0977

Facility Email: ROGERS@LEXHEALTH.ORG

Fac. Cont. Email: MJMURPHY@LEXHEALTH.ORG

ASF-0013 / 11/30/2014

Richland / District

2720 SUNSET BLVD

WEST COLUMBIA, SC 29169-4810

LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

Certified For:

OUTPATIENT SURGERY CENTER OF LEXMEDCTR-LEXINGTON

811 W MAIN ST

LEXINGTON, SC 29072-2500 FACILITY #:803-358-6100

SIPE, ROGER L PH#: 803-358-6100

Facility Email: ROGERS@LEXHEALTH.ORG

Fac. Cont. Email: No Facility Contact Email on Record

ASF-0057 / 08/31/2014

Lexington / District

2720 SUNSET BLVD

WEST COLUMBIA, SC 29169-4810

LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC

Operating Rooms: 4

Endoscopy Rooms: 1

Procedure Rooms: 0

Total Number Units: 5

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

PALMETTO ENDOSCOPY CENTER

2073 CHARLIE HALL BLVD
CHARLESTON, SC 29414-5834 FACILITY #:843-571-0643
KING, ERIN PH#: 843-571-0643
Facility Email: EKING@PALMETTODIGESTIVE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0084 / 02/28/2015
Charleston / Limited Liability
2073 CHARLIE HALL BLVD
CHARLESTON, SC 29414-5834
PALMETTO ENDOSCOPY CENTER LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

PALMETTO ENDOSCOPY SUITE

1520 TAYLOR ST STE 250
COLUMBIA, SC 29201-2926 FACILITY #:803-509-5710
BEST RN, GLENDA PH#: 803-509-5710
Facility Email: CAROLINADIGEST@AOL.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0115 / 08/31/2014
Richland / Limited Liability
1520 TAYLOR ST STE 250
COLUMBIA, SC 29201-2926
PALMETTO ENDOSCOPY SUITE LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

PALMETTO SURGERY CENTER

109 BLARNEY DR
COLUMBIA, SC 29223-6244 FACILITY #:803-865-8200
MCCLAMROCK, FLEET L PH#: 803-865-8200
Facility Email: FLEET@PALMETTOSURGERYCENTER.COM
Fac. Cont. Email: FLEET@PALMETTOSURGERYCENTER.COM

ASF-0046 / 02/28/2015
Richland / Limited Liability
109 BLARNEY DR
COLUMBIA, SC 29223-6244
PALMETTO SURGERY CENTER LLC

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 4

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

PARKRIDGE SURGERY CENTER

100 PALMETTO HEALTH PKWY STE 108
COLUMBIA, SC 29212-1748 FACILITY #:803-407-4940
KEENE, EMILIE M PH#: 803-407-4940
Facility Email: EMILIE.KEENE@PALMETTOHEALTH.ORG
Fac. Cont. Email: CLAYFOWLER@PALMETTOHEALTH.ORG

ASF-0078 / 11/30/2014
Lexington / Ltd. Liability
190 PARKRIDGE DR STE 108
COLUMBIA, SC 29212-1748
PARKRIDGE SURGERY CENTER LLC

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 6

Certified For:

PARKWAY SURGERY CENTER

827 82ND PKWY
MYRTLE BEACH, SC 29572-4607 FACILITY #:843-286-2020
ROBERTS RN, MISTY T PH#: 843-286-2020
Facility Email: MROBERTS@GSURO.COM
Fac. Cont. Email: MROBERTS@GRANDSTRANDUROLOGY.COM

ASF-0061 / 10/31/2014
Horry / Ltd. Liability
827 82ND PKWY
MYRTLE BEACH, SC 29572-4607
PARKWAY SURGERY CENTER LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 3

Certified For:

PHYSICIANS EYE SURGERY CENTER

2060 CHARLIE HALL BLVD STE 301
CHARLESTON, SC 29414-6066 FACILITY #:843-571-4800
ROBINSON, REBECCA C PH#: 843-571-4800
Facility Email: LHANNAH@AMSURG.COM
Fac. Cont. Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C

ASF-0097 / 12/31/2014
Charleston / Limited Liability
20 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215-6176
PHYSICIANS EYE SURGERY CENTER LLC

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 4

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

PHYSICIANS SURGERY CENTER OF FLORENCE

1580 FREEDOM BLVD STE 300

FLORENCE, SC 29505-6074 FACILITY #:843-674-2500

CRAVEN, DARCY PH#: 843-674-2500

Facility Email: DCRAVENN@CAROLINASHOSPITAL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 2

Procedure Rooms: 2

Total Number Units: 8

ASF-0107 / 08/31/2014

Florence / Corporation

PO BOX 100550

FLORENCE, SC 29501-0550

QHG OF SOUTH CAROLINA INC

Certified For:

RIVERTOWN SURGERY CENTER

822 FARRAR DR, RIVERTOWN MEDICAL PARK

CONWAY, SC 29526-8747 FACILITY #:843-347-9587

BASQUE, HOPE PH#: 843-347-9587

Facility Email: AJOHNSON@COASTALUROLOGY.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 3

Total Number Units: 6

ASF-0073 / 01/31/2015

Horry / Ltd. Liability

822 FARRAR DR, RIVERTOWN MEDICAL PARK

CONWAY, SC 29526-8747

COASTAL CAROLINA CENTERS OF UROLOGY AND SURGERY LLC

Certified For:

ROPER HOSPITAL AMBULATORY SURGERY & PAIN MANAGEMENT JAMES ISLAND

325 FOLLY RD STE 200

CHARLESTON, SC 29412-2507 FACILITY #:843-789-1550

SAMPLE, MARIA I PH#: 843-789-1550

Facility Email: ROBYN.BEAM@RSFH.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 6

ASF-0114 / 01/31/2015

Charleston / Non-Profit Corporation

325 FOLLY RD STE 200

CHARLESTON, SC 29412-2507

ROPER HOSPITAL INC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

ROPER HOSPITAL AMBULATORY SURGERY BERKELEY

730 STONEY LANDING RD

MONCKS CORNER, SC 29461-2948 FACILITY #:843-899-7700

JONES, DEBRA PH#: 843-899-7700

Facility Email: WWW.ROPERSAINTFRANCIS.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 4

ASF-0063 / 02/28/2015

Berkeley / Non-Profit Corporation

730 STONEY LANDING RD

MONCKS CORNER, SC 29461-2948

ROPER HOSPITAL INC

Certified For:

ROPER ST FRANCIS EYE CENTER

18 FARMFIELD AVE

CHARLESTON, SC 29407-7700 FACILITY #:843-958-2625

SAMPLE, MARIA I PH#: 843-958-2625

Facility Email: No Facility Email on Record

Fac. Cont. Email: MARIA.SAMPLE@RSFH.COM

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 4

ASF-0049 / 10/31/2014

Charleston / Limited Liability

18 FARMFIELD AVE

CHARLESTON, SC 29407-7700

LOWCOUNTRY SURGERY CENTER LLC

Certified For:

SOUTH CAROLINA ENDOSCOPY CENTER

131 SUMMERPLACE DR

WEST COLUMBIA, SC 29169-3058 FACILITY #:803-794-4585

EDMONDSON, DOREEN O PH#: 803-794-4585

Facility Email: DORTH@SCGASTRO.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

ASF-0036 / 12/31/2014

Lexington / Ltd. Liability

131 SUMMERPLACE DR

WEST COLUMBIA, SC 29169-3058

SOUTH CAROLINA ENDOSCOPY CENTER LLC

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

SOUTH CAROLINA ENDOSCOPY CENTER NORTHEAST LLC

11 GATEWAY CORNERS PARK
COLUMBIA, SC 29203-8902 FACILITY #:803-462-2300
EDMONDSON, DOREEN O PH#: 803-794-4585
Facility Email: DORTH@SCGASTRO.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0074 / 05/31/2015
Richland / Ltd. Liability
11 GATEWAY CORNERS PARK
COLUMBIA, SC 29203-8902
CLASS PROPERTIES NORTHEAST LLC

Operating Rooms: 0
Endoscopy Rooms: 5
Procedure Rooms: 0
Total Number Units: 5

Certified For:

SOUTH CAROLINA MEDICAL ENDOSCOPY CENTER

1735 TAYLOR ST
COLUMBIA, SC 29201-3452 FACILITY #:803-254-8449
LLOYD MD, STEPHEN C PH#: 803-254-8449
Facility Email: STEPHEN.LLOYD@POLYP.MD
Fac. Cont. Email: STEPHEN.LLOYD@POLYP.MD

ASF-0042 / 08/31/2014
Richland / Corporation
PO BOX 1178
COLUMBIA, SC 29202
SOUTH CAROLINA MEDICAL ENDOSCOPY LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER

1106 CHUCK DAWLEY BLVD STE 100
MOUNT PLEASANT, SC 29464-4195 FACILITY #:843-849-1551
EDDINGS, ELIZABETH A PH#: 843-849-1551
Facility Email: ELIZABETH.EDDINGS@SOUTHEASTERNSPINE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0112 / 11/30/2014
Charleston / Limited Liability
1106 CHUCK DAWLEY BLVD STE 100
MOUNT PLEASANT, SC 29464-4195
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY
CENTER LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 3

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

SPARTANBURG SURGERY CENTER

391 SERPENTINE DR STE 200
SPARTANBURG, SC 29303-3079 FACILITY #:864-585-2002
SIZEMORE, RICHARD T PH#: 864-585-2002
Facility Email: RICK.SIZEMORE@UROLOGYCENTER.NET
Fac. Cont. Email: RICK_SIZEMORE@YAHOO.COM

ASF-0026 / 01/31/2015
Spartanburg / Limited Liability Limited Partnership
391 SERPENTINE DR STE 200
SPARTANBURG, SC 29303-3079
SPARTANBURG UROLOGY SURGICENTER LP

Operating Rooms: 4
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 6

Certified For:

STRAND GASTROINTESTINAL ENDOSCOPY CENTER

945 82ND PKWY STE 2
MYRTLE BEACH, SC 29572-4610 FACILITY #:843-839-2581
KELLEY, CHRISTINE T PH#: 843-839-2581
Facility Email: CHRISTINE.KELLEY@STRANDGASTRO.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0062 / 11/30/2014
Horry / Corporation
945 82ND PKWY STE 2
MYRTLE BEACH, SC 29572-4610
STRAND GASTROINTESTINAL ENDOSCOPY INC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

SURGERY AND LASER CENTER AT PROFESSIONAL PARK

136 PROFESSIONAL PARK RD
CLINTON, SC 29325-7623 FACILITY #:864-938-9836
LUTZ RN, CAREY A PH#: 864-938-9836
Facility Email: CAREYANNRN@GMAIL.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0103 / 11/30/2014
Laurens / Ltd. Liability
136 PROFESSIONAL PARK RD
CLINTON, SC 29325-7623
SURGERY AND LASER CENTER AT PROFESSIONAL PARK LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 3

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

SURGERY CENTER AT EDGEWATER

2536 LENGERS WAY
FORT MILL, SC 29707-7126 FACILITY #:803-802-9500
KIRBY, ELIZABETH PH#: 803-802-9500
Facility Email: ELIZABETH_KIRBY@CHS.NET
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0110 / 02/28/2015
Lancaster / Ltd. Liability
2536 LENGERS WAY
FORT MILL, SC 29707-7126
CAROLINA SURGERY CENTER LLC

Operating Rooms: 3
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 5

Certified For:

SURGERY CENTER AT PELHAM

2755 S HWY 14
GREER, SC 29650-4902 FACILITY #:864-334-2400
HAZEN, BILL PH#: 864-334-2400
Facility Email: BHAZEN@PELHAMASC.COM
Fac. Cont. Email: BHAZEN@PELHAMASC.COM

ASF-0091 / 12/31/2014
Spartanburg / Ltd. Liability
2755 S HWY 14
GREER, SC 29650-4902
SURGERY CENTER AT PELHAM LLC

Operating Rooms: 4
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 6

Certified For:

SURGERY CENTER AT SELF MEMORIAL HOSPITAL

101 ACADEMY AVE
GREENWOOD, SC 29646-3869 FACILITY #:864-725-7500
HINRICHS, CAROL A PH#: 864-725-7500
Facility Email: CAROLHINRICHS@TOSCGREENWOOD.COM
Fac. Cont. Email: CAROLHINRICHS@TOSCGREENWOOD.COM

ASF-0055 / 05/31/2015
Greenwood / Ltd. Liability
101 ACADEMY AVE
GREENWOOD, SC 29646-3869
SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC

Operating Rooms: 5
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 5

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

SURGERY CENTER OF BEAUFORT

1033 RIBAUT RD
BEAUFORT, SC 29902-5436 FACILITY #:843-322-5800
EVEC, CAROLYN A PH#: 843-322-5800
Facility Email: CEVEC@BEAUFORTSURGERY.COM
Fac. Cont. Email: CEVEC@BEAUFORTSURGERY.COM

ASF-0048 / 06/30/2014
Beaufort / Limited Liability
1033 RIBAUT RD
BEAUFORT, SC 29902-5436
SURGERY CENTER OF BEAUFORT LLC

Operating Rooms: 3
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 5

Certified For:

SURGERY CENTER OF CHARLESTON

1849 SAVAGE RD
CHARLESTON, SC 29407-4726 FACILITY #:843-766-7103
ANDREWS, TAMMY PH#: 843-766-7103
Facility Email: TANDREWS@CHARLESTONENT.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0117 / 12/31/2014
Charleston / Limited Liability
1849 SAVAGE RD
CHARLESTON, SC 29407-4726
CHARLESTON ENT ASSOCIATES LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 2

Certified For:

SYNERGY SPINE CENTER

457-D BY PASS 123
SENECA, SC 29678-0842 FACILITY #:864-882-8850
MCMILLAN III, MARION R PH#: 864-882-8850
Facility Email: TAMMY@SYNERGYSPINECENTER.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0066 / 08/31/2014
Oconee / Corporation
PO BOX 858
SENECA, SC 29679-0858
SYNERGY SPINE CENTER PA

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 2

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

TRIDENT AMBULATORY SURGERY CENTER

9313 MEDICAL PLAZA DR STE 102
CHARLESTON, SC 29406-9153 FACILITY #:843-797-8992
CARROLL RN, JEAN PH#: 843-797-8992
Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0024 / 05/31/2014 (Renewal Pending)
Charleston / Limited Liability Limited Partnership
9313 MEDICAL PLAZA DR STE 102
CHARLESTON, SC 29406-9153
TRIDENT AMBULATORY SURGERY CENTER LP

Operating Rooms: 6
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 6

Certified For:**TRIDENT EYE SURGERY CENTER**

9297 MEDICAL PLAZA DR STE C
CHARLESTON, SC 29406-9136 FACILITY #:843-824-5024
CARROLL RN, JEAN PH#: 843-797-8992
Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0039 / 04/30/2015
Charleston / Limited Liability Limited Partnership
9297 MEDICAL PLAZA DR STE C
CHARLESTON, SC 29406-9136
TRIDENT EYE SURGERY CENTER LP

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 2

Certified For:**UPSTATE ENDOSCOPY CENTER**

1922 MCCONNELL SPRINGS RD STE B
ANDERSON, SC 29621-2642 FACILITY #:864-716-6555
ATKINS, DEBORAH A PH#: 864-716-6555
Facility Email: DEBORAH.ATKINS@ANMEDHEALTH.ORG
Fac. Cont. Email: LYNNGREGORY@ANMEDHEALTH.ORG

ASF-0083 / 06/30/2014
Anderson / Ltd. Liability
1922 MCCONNELL SPRINGS RD STE B
ANDERSON, SC 29621-2642
ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC

Operating Rooms: 0
Endoscopy Rooms: 2
Procedure Rooms: 0
Total Number Units: 2

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

UPSTATE SURGERY CENTER

10 ENTERPRISE BLVD STE 109
GREENVILLE, SC 29615-3534 FACILITY #:864-458-7141
BROOKS, KELLI J PH#: 864-254-5850
Facility Email: GEOFFREY_HIBBERT@BSHSI.ORG
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0050 / 09/30/2014
Greenville / Ltd. Liability
10 ENTERPRISE BLVD STE 109
GREENVILLE, SC 29615-3534
UPSTATE SURGERY CENTER LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 0
Total Number Units: 2

Certified For:

UROLOGY SURGERY CENTER

139 SUMMERPLACE DR
WEST COLUMBIA, SC 29169-3058 FACILITY #:803-796-9968
WATSON RN CMM, BARBARA M PH#: 803-796-9968
Facility Email: BARBARA.WATSON@CAROLINAUROLOGY.COM
Fac. Cont. Email: BWATSON@LEXINGTONURO.COM

ASF-0043 / 09/30/2014
Lexington / Ltd. Liability
139 SUMMERPLACE DR
WEST COLUMBIA, SC 29169-3058
UROLOGY SURGERY CENTER LLC

Operating Rooms: 2
Endoscopy Rooms: 0
Procedure Rooms: 2
Total Number Units: 4

Certified For:

WACCAMAW SURGERY CENTER

4630 HWY 17 BYPASS
MURRELLS INLET, SC 29576 FACILITY #:843-357-2200
RESETAR, GAYLE L PH#: 843-651-8211
Facility Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG
Fac. Cont. Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG

ASF-0085 / 08/31/2014
Georgetown / Non-Profit Corporation
3911 HWY 17 UNIT B
MURRELLS INLET, SC 29576-5014
WACCAMAW COMMUNITY HOSPITAL (INC)

Operating Rooms: 1
Endoscopy Rooms: 0
Procedure Rooms: 1
Total Number Units: 2

Certified For:

Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

WESMARK AMBULATORY SURGERY CENTER

420 W WESMARK BLVD

SUMTER, SC 29150-1983 FACILITY #:803-905-5590

CHAMPION, STEPHANIE PH#: 803-905-5590

Facility Email: SCHAMPION@WESMARKSURGERYCENTER.COM

Fac. Cont. Email: PROYAL@SUMTERUROLOGICAL.COM

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 4

Total Number Units: 6

ASF-0081 / 03/31/2015

Sumter / Ltd. Liability

420 W WESMARK BLVD

SUMTER, SC 29150-1983

WESMARK AMBULATORY SURGERY CENTER LLC

Certified For:

WESTSIDE EYE CENTER

1413 JOHN B WHITE SR BLVD STE D

SPARTANBURG, SC 29306-3995 FACILITY #:864-574-7764

LEWIS, BONNIE PH#: 864-574-7767

Facility Email: BLEWIS@EASTSIDEYEYECENTER.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0087 / 08/31/2014

Spartanburg / Ltd. Liability

735 E MAIN ST

SPARTANBURG, SC 29302-1281

WESTSIDE EYE CENTER LLC

Certified For:

YORK COUNTY ENDOSCOPY CENTER

164 GLENWOOD DR

ROCK HILL, SC 29732-2865 FACILITY #:803-325-9010

ORDWAY, SUSAN A PH#: 803-325-9010

Facility Email: YCEC@COMPORIUM.NET

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0113 / 06/30/2014

York / Limited Liability

164 GLENWOOD DR

ROCK HILL, SC 29732-2865

YORK COUNTY ENDOSCOPY CENTER LLC

Certified For:

Total Number of Facilities: 75

Total Number of Units: 288